



An Analysis of the Laws and Policies in Place for the Protection and Support of Victims/Survivors of Child Marriages in Zimbabwe.

A CASE STUDY FOR EPWORTH



**Women and Law
in Southern Africa
Zimbabwe**



Equality Now

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**An analysis of the Laws and Policies in Place for Protection and Support of Victims/
Survivors of Child Marriages in Zimbabwe- A case study of Epworth, Harare-
Zimbabwe**

A Study by the Women and Law in Southern Africa- (WLSA)-Zimbabwe

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ACRONYMS

ACCZ	Apostolic Christian Council of Zimbabwe
ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ACRWC	African Charter on the Rights and Welfare of the Child
ADVC	Anti-Domestic Violence Council
AU	African Union
AUCEVAWG	AU Convention on Ending Violence Against Women and Girls
CDPA	Cyber and Data Protection Act
CCZ	Constitutional Court of Zimbabwe
CCWs	Child Care Workers/Community Care Workers
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organisations
DVA	Domestic Violence Act
ECM	End/ing Child Marriage
GBV	Gender-based Violence
GoZ	Government of Zimbabwe
MoPSLSW	Ministry of Public Service, Labour and Social Welfare
NDP	National Development Policy
NDS	National Development Strategy
SADC	Southern African Development Community
SADC PF	Southern African Development Community Parliamentary Forum
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health Rights
TBAs	Traditional Birth Attendants
TVET	Technical and Vocational Education and Training
UDACIZA	Union for Development of the Apostolic Churches in Zimbabwe
VFS	Victim Friendly Systems
VFU	Victim Friendly Unit
WLSA	Women and Law in Southern Africa
WHO	World Health Organisation
UN	United Nations
UNICEF	United Nations Children's Fund
ZGC	Zimbabwe Gender Commission

ACKNOWLEDGEMENTS

WLSA acknowledges the technical support by Equality Now which made this research possible. WLSA is also grateful for the insights provided by state and non-state actors working on ending child marriage in Epworth. The input by stakeholders informed us of the policy brief, which is part of this report. Their recommendations stem from the lived realities of concerned partners who have worked for years to enhance child protection in Epworth. WLSA is encouraged by the bravery of young girls and their parents who opened their hearts and lives to give this report the 'voice' that is so much needed when talking about survivors. The life stories of the girls are documented in this report. Finally, WLSA is also grateful to the Consultants who worked tirelessly to put this report together, Jacqueline Chikakano and Chinga Govhati.

EXECUTIVE SUMMARY

Women and Law in Southern Africa [WLSA] commissioned this survey on the backdrop of continued prevalence of child marriages in Zimbabwe (which has a child marriage prevalence rate of 34%), and with a specific focus on the high-density suburb of Epworth in Harare, one of the communities with a high rate of child marriages. The study takes stock of the various policies, action plans, legal instruments and other measures put in place to date by the Zimbabwean government regarding child marriage, with a view to analyse their impact and adequacy in facilitating required protection and support of child marriage victims and survivors. The study assessed the key challenges faced by the victims/survivors following child marriage, as well as those relating to the implementation of laws, policies and other systems in place. It also details the applicable regional and international standards on support and protection to children affected by child marriage and analyses the extent to which local laws and policies mirror these. The study also assesses the gaps, opportunities and recommendations for improved support and protection to children affected by child marriages.

Amongst other issues, the study revealed that:

- a. Child marriage victims and survivors are faced with increased exposure to lifelong gender-based violence (GBV), lack of access to sexual and reproductive health services, lack of financial and moral support and inability to continue with their education during the subsistence of the marriage. Post the 'marriages,' they contend with extreme poverty, lack of employment prospects and sources of income, lack of acceptance by their own families and lack of support to pursue their education, amongst other concerns. These systemic issues define their common support and protection needs.
- b. Commendable effort has been made by the Government of Zimbabwe (GOZ) in prohibiting child marriages and in harmonising the related laws. However, no comprehensive and clear framework for provision of adequate support and protection of the victims/survivor's post 'marriage' is evident in laws at hand.

Various implementation and structural gaps are hampering the required accessibility of the support and protection of child marriage victims and survivors, and these include:

- Inaccessible and, at times, unaffordable maternal, sexual and reproductive health and psychosocial support services.
- Lack of support for community level health personnel such as Traditional Birth Attendants (TBAs) who play a critical support role in the communities amongst other things, the TBAs are in dire need of requisite medical supplies and related equipment as well as finances to enable their work.

- Inadequate resourcing of critical support institutions, including those providing social services and related support.
- Poor coordination, and duplication of roles amongst key support institutions which create detrimental support gaps.
- Inadequate training, human and financial resources amongst key stakeholders, which is hampering required support to victims/survivors.

A number of policy and legislative gaps exist despite legislative progress seen to date. These include:

- i. Lack of a stand-alone, specific law on child marriage with broader provisions that facilitate required protection and support to victims and survivors, beyond criminalization of child marriage or related sexual abuse.
- ii. Absence of current key policies such as the national gender policy and relatedly, delays in adoption of key policies upon expiry of the predecessor child marriage policies, thereby creating a gap in critical policy direction.
- iii. Lack of comprehensive support and protection provisions in key laws such as the Marriages Act, and the various laws on children's rights.
- iv. Similarly, various key sectors, for example education, health and social services, lack express policy provisions aimed at providing adequate support for child marriage victims.
- v. Relatedly, despite the existence of detailed key economic and national development policies such as the National Development Strategy (NDS-1) the same are devoid of specific and targeted provisions to support child marriage mitigation measures.

The key recommendations of the study relating to required law, policy, institutional and other measures that are critical in facilitating improved support and protection of children affected by child marriage, are:

- Harmonization of laws- Ensure uniform treatment of child marriage related offences, which is critical in protecting victims, such as by removing the penalty discrepancy between the Domestic Violence Act and the Marriages Act with respect to child-marriage related offences.
- A dedicated child marriages law and focal point- Enact a stand-alone law on child marriage, with broader provisions beyond criminalization of child marriage or related sexual abuse, to facilitate adequate support and protection to persons already affected by child marriage.
- Improved coordination and resourcing of critical support mechanisms- Put in place an effective monitoring and evaluation framework to assess the various support mechanisms relating to child marriages in Zimbabwe, coupled with effective accountability pathways to promote their improved efficacy.

- Improved access to information and awareness raising- Implement awareness campaigns and encourage more public discourse, including on the age of consent, applicable laws and related implications, and available support services, as a means to empower affected girls and their families.
- Mainstreaming of child marriage as a common theme in key national and multi-sectoral policies and strategies - Ensure mainstreaming of the issue of child marriage so that the impact on national development and the critical need for resources to be availed, is well recognized and accommodated.

INTRODUCTION

1.1 Background to study

Child marriage is a global scourge that violates various fundamental human rights of children and resultantly impedes sustainable development of the people involved as well as society at large. It is recognized as a human rights violation and a form of gender-based violence (GBV), which is prohibited by key human rights instruments such as the African Charter on the Rights and Welfare of the Child [ACRWC], the Convention of the Rights of the Child [CRC], the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, [Maputo Protocol] and the SADC Protocol on Gender and Development [SADC Protocol on Gender], amongst others.

Further in 2016, the SADC Parliamentary Forum [SADC-PF] adopted the Model law on eradicating child marriage and protecting children already in Marriage, [SADC Model Law on Child Marriage], which amongst other things, encourages the reform of relevant laws which do not conform to international and regional human rights standards, and the adoption of marriage laws that promote human rights and which expressly outlaw child marriage. The SADC Model Law also provides specific guidance to national legislators in Southern Africa on the requisite content and related measures that should be included in the envisaged effective marriage and related laws in order to facilitate adequate legislative measures to eradicate child marriage as well as protect children who are already in marriage. It is thus important that states, including Zimbabwe, put in place measures to eradicate and mitigate the effects of child marriages, including through adequate protective legislation and support measures for victims and survivors of the scourge in line with the provisions of the SADC Model Law.^[1]

Women and Law in Southern Africa [WLSA], considers this an opportune time to take stock of the adequacy of national legislative, policy and other measures in place for the protection and support of child marriage victims, given the various national laws passed till date, including recent progress such as the adoption of the Marriages Act, 2022. In this quest, it has commissioned this survey on child marriage and analysis of the laws and policies in place for protection and support of victims/survivors of child marriage in Zimbabwe, in the backdrop of continued prevalence of child marriages in Zimbabwe, with a specific focus on the high density suburb of Epworth in Harare, which is one of the communities with a high rate of child marriages.^[2] The study was also necessitated by the organization's observation that the current advocacy actions and policy responses to child marriage have overly focused on prevention and the enactment of laws to outlaw child marriage, at the expense of an equally critical focus on the required protection and support mechanisms for victims and survivors of child marriages. Resultantly, despite the commendable policy and legislative measures

taken to date, the ensuing consequences of child marriages have been overlooked to the detriment of the victims and survivors, often with life-long impact. This study, therefore, provides an opportunity for a critical in-depth look at Epworth as a case study with a view to assessing the adequacy and impact of the laws, policies and related measures in place, for the protection and support of victims and survivors of child marriage. The study mentions both 'victims ' and 'survivors' of child marriage because while their support needs of both interlap to an extent, there are at the same time, some differences in their needs and challenges which have to be recognised and adequately catered for. For example, while a 'survivor' no longer bears the weight of being shackled in an illegal marriage, various effects of such unions persist beyond the marriage and national, laws and policies have to be cognisant of these and provide adequate support to ensure such persons can rebuild their lives and enjoy their human rights.

1.2 Objectives of the Study

The primary objective of the study was to analyse the available protection and support mechanisms for victims and survivors of child marriage in Zimbabwe as provided for in relevant laws and policies, and to assess their implementation. More specifically, the study focused on the following inquiries:

- The protection and support needs of victims and survivors of child marriage.
- The adequacy/effectiveness of laws and policies in place for protection and support of survivors of child marriage.
- Recommendations for law reform, or policy development towards provision of adequate holistic support and protection for victims of child marriage.

1.3 Methodology

A mixed methodology approach was used in conducting this study, comprising of an extensive desk review, stakeholder mapping, key informant interviews, and focus group discussions.

The desk review identified constitutional as well as key regional and international human rights standards on child marriage, with a specific focus on measures aimed at supporting and protecting victims and survivors of the scourge. The desk study also assessed existing policy, legislative and other institutional measures in place which offer support and protection to victims and survivors, analysing the level of conformity to applicable standards, extent of implementation, and gaps and challenges encountered in implementing them.

The field study targeted girls at risk of child marriage, survivors of child marriages, parents and guardians, government stakeholders such as representatives of the victim-

friendly system, prosecution officials, Magistrates, as well as relevant independent commissions and civil society organisations (CSOs) working on matters relating to children's rights and child marriage related issues. A total of 57 stakeholders were engaged in the field study. These included 15 minor children who were all girls. In order to ensure adequate protection, the girls attended Focus Group Discussions with their guardians and or caregivers who confirmed their ages, relationships and consent to record their stories and interview them.

The findings of the desk study were triangulated with insights from the field and informed the recommendations for law, policy, structural and institutional reforms needed to provide adequate support and protection to victims and survivors of child marriages.

1.4 Study limitations

Some of the envisaged key informants were not available or accessible within the study timeframe. Access to child informants in schools also proved challenging within the study timeframe as it emerged much later that permission needed to be sought at the level of the parent ministry responsible for education and not at the local school level.

2. DESK REVIEW

Before delving into the analysis of laws, policies and related structures in place for the protection and support of victims and survivors of child marriages, a brief discussion on the key working definitions, current status and effects of child marriages is critical and this is summarised below.

2.1 Defining Child Marriages/Unions

Based on national as well as regional and international human rights standards, child marriage is defined as a marriage where at least one party is below 18 years of age. Child rights entities such as UNICEF emphasize the importance of having laws that specify 18 years as the minimum legal age for marriage without exceptions, and which explicitly prohibit the marriage of boys and girls below this age, while at the same time, entrenching measures to facilitate the avoidance of such marriages.^[3] The Zimbabwean Constitution, pegs the age of majority^[4] and age of marriage^[5] at 18 years. This is similarly endorsed in key child and human rights instruments such as Article 8 and 11(2) of the SADC Protocol on Gender and Development, Article 6 (b) of the Maputo Protocol, and Article 21(2) of the ACRWC. Further, the SADC Model Law on Child Marriage, describes child marriage as a statutory or customary union in which one party is a child or both of the parties are children.^[6] A 'victim' of child marriage, on the other hand, has been described as 'a person who was party to a prohibited marriage, a child whose marriage was dissolved or is in the process of being dissolved,....or a child who is in need of care and protection.'^[7]

2.2 Prevalence of child marriages in Zimbabwe

It is estimated that about 640 million women globally enter into marriage before they attain 18 years of age and that over a third of this figure (250 million) do so before the age of 15^[8]. In Africa, about 700,000 children are married each year and that four ⁽⁴⁾ out of 10 women aged 20 to 24 were married before they reached the age of 18. ^[9] Child marriage remains prevalent in Zimbabwe, and particularly adversely affects girl children.^[10]

In Zimbabwe, about 34% of girls are married before they attain 18 years of age, particularly in Mashonaland Central province which around 2020-2021, stood at a 50% prevalence rate, the highest in the country, followed by Mashonaland West at 42%, Masvingo 39% (39 percent), Mashonaland East 36%, Midlands 31%, Manicaland 30%, Matabeleland North 27%, Harare at 19% Matabeleland South at 18%, while Bulawayo had the lowest prevalence rate of 10%.^[11] Zimbabwe is thus among the 20 African countries where child marriages are most prevalent with about 33.7% of girls and 2% of boys being married before 18.^[12]

Epworth, the field research site, ^[13] is one of Harare's densely populated areas with a population of approximately 152,116 people. The area is characterised by various socio-economic challenges such as incomplete roads, unstructured housing layouts and scarcity of basic amenities including functional water reticulation, sewage system, and poor toilets.

Epworth is also reportedly characterized by high rates of poverty and drug use, all of which may arguably contribute to the high prevalence of child marriages that the area has witnessed. The Zimbabwe Gender Commission's 2023, National Inquiry on Child Marriage, Sexual Exploitation and Abuse of Young Girls for example, confirms the finding of high prevalence of child marriages in Epworth which is characterized by a mean age of 15 years being the average age of entry into marriage for affected girl children.

2.3 Effects of child marriages on victims/survivors and their offspring

To determine the adequacy of legislative, policy and other protection and support for victims/survivors of child marriages, it is critical to briefly discuss the wide-ranging effects of this scourge. Various advocates outline a number of detrimental effects of child marriages which in summary violate "...the right to education, the right to dignity, the right to be protected from all forms of violence, including sexual abuse, and the right to enjoyment of the highest standard of attainable health."^[15] **More specifically, the effects include,**

- **High risk of HIV infection and sexual and reproductive health complications-** particularly for girls whose husbands are much older than them. This is due to, among other reasons, unequal power relations in such unions, which often lead to their inability to negotiate safe sex, as well as a lack of sexual and reproductive health information. Relatedly, complications such as obstetric fistula,^[16] sexually transmitted infections as well as the likelihood of early death are heightened, due to the increased risk of adolescent pregnancies caused by child marriage.
- **Prolonged life of poverty-** With poverty being one of the leading factors to child such marriage, studies show that children from poor homesteads often, get married to equally poor men after being drawn into marriage by a marginal semblance of financial stability shown to the girl child or their parents or guardian, perpetuating the cycle of poverty.
- **Higher incidence of various forms of domestic and sexual violence and abandonment.** This is particularly so in unions where the 'husband' is much older and where the child's bride is also financially dependent on the 'husband.'
- **Early and frequent pregnancies-** this is often likely as girls are pressured to prove their fertility, and they also often lack access to and information on contraceptives and other family planning services. As a result, pregnancy complication is the leading cause of death among girls aged 15 years to 19 years, especially in low- and middle-income countries according to the World Health Organization (WHO) ^[17]
- **Disruptions in education -** as affected girls often drop out of school, which puts them at risk of a life of poor prospects and limited employment opportunities for themselves and their offspring and contributes to perpetuating the cycle of poverty.

3. LEGAL FRAMEWORK ANALYSIS

3.1 INTERNATIONAL FRAMEWORK

The effects of child marriage are multifaceted and impact on multiple human rights of the persons involved. Resultantly, child marriage is amply provided for in global as well as regional human rights frameworks from the United Nations (UN), African Union (AU) and SADC, which all establish obligations particularly for state parties to prohibit the scourge and to provide protective and support measures for child marriage victims and survivors.^[18] Below is a summary outline of key regional and international standards on protection and support to victims and survivors of child marriages.

3.1.1 UN Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)

Adopted in 1979 and ratified by Zimbabwe in 1991, Article 16(2) of CEDAW prohibits child marriage, providing that the betrothal and marriage of a child shall have no legal effect, and all necessary action, including legislation, should be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory. However, while CEDAW, is bereft of specific provisions on support and protection to victims/survivors of the scourge, the Joint General Recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2019) on harmful practices, recommends a minimum legal marriage age of 18 for both girls and boys, with or without parental consent. The general recommendation stresses the importance of accessible marriage and birth registration systems to combat child marriage effectively. It also outlines state obligations to put in place protective measures and responsive services, including access to medical, psychological and legal services.

3.1.2 UN Convention on the Rights of the Child (CRC)

This instrument came into force in 1989, and Zimbabwe ratified it in 1990. Article 1 of the CRC defines a child as a person under the age of 18 years, except in instances where national law prescribes otherwise. The CRC also mandates states to provide necessary social programmes for children who have been mistreated, exploited, or violated, mentally or otherwise abused.^[19] Further, children are guaranteed the right to the highest attainable standard of health and the right to education ^[Art 23(4)]

3.2 REGIONAL FRAMEWORK

3.2.1 The African Charter on the Rights and Welfare of the Child (ACRWC)

The ACRWC, which came into force in 1999 and was ratified by Zimbabwe in 1995, contains a number of provisions aimed at prohibiting, mitigating and ending child marriage which include the following:

- **Article 2-** provides that every human being below the age of 18 years is a child.
- **Article 21-** mandates that appropriate measures must be taken to eliminate harmful social and cultural practices such as child marriage and the betrothal of girls and boys, including legislative measures prescribing 18 years as the minimum age of marriage.
- **Article 11-** obligates States to put in place measures to facilitate the enjoyment of fundamental rights of children such as the right to education.
- **Articles 16 and 27-** require States to put in place measures to protect children from all forms of torture, sexual abuse and exploitation.

In its first Periodic Report to the African Committee of Experts on the Rights and Welfare of the Child (ACERWC), Zimbabwe responded to Recommendation 49 in the Concluding Observations of 2018 thus:

- The GoZ recognises child marriage as one of the harmful practices that is significantly prevalent in the Country.
- Realising the important role traditional leaders play in ending child marriages, the GoZ has engaged with traditional leaders on ending child marriages. Resultantly, traditional leaders have come up with a communiqué on ending child marriages. Through the communiqué, Traditional leaders commit to taking the lead in ending child marriages in the Country.
- Government has been working with religious leaders of the Apostolic Christian Council of Zimbabwe (ACCZ) and Union for Development of the Apostolic Churches in Zimbabwe [UDACIZA].^[20]

This opportunity thus presents itself for CSOs to hold the government accountable on this commitment so that measures are put in place to continuously implement and monitor measures that do away with harmful religious and cultural practices.

3.2.2 The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)

The Protocol entered into force in 2005, with Zimbabwe ratifying it in 2008 and has been described as "... the most comprehensive international treaty on the human rights of women and girls'.^[21] Some of its provisions relevant to this study are as follows:

- **Article 5-** requires States to prohibit and condemn all forms of harmful practices through legislative and other measures which include provision of health, legal, judicial, counselling, vocational training and other key support to victims of harmful practices.
- **Article 6(c)-** prescribes the minimum age of marriage as 18 years.
- **Article 14-** requires States to ensure that the right to health of women, including their sexual and reproductive health is respected and promoted, through for example, guaranteed right to control their fertility, and authorised medical abortion in cases of sexual assault, rape and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus.

3.2.3 African Common Position on the AU Campaign to End Child Marriage in Africa

African Heads of States subscribed to 17 commitments towards ending child marriage on the continent. Members of States are encouraged to:

- Develop, elaborate, and implement well-resourced national strategies and action plans, including putting in place mechanisms and institutions for enforcement, monitoring and reporting
- Ratify, domesticate, harmonise, apply, and monitor international and regional instruments aimed at improving the welfare of children and women rights
- Implement all key continental policies and legal instruments relating to human rights, gender equality, maternal and child health, and "harmful traditional practices" for the empowerment and participation of girls and women in development
- Develop and implement, or include in existing initiatives, national-level or subnational-level programmes that aim to prevent child marriage and support already married girls by empowering girls through education, life skills and safe spaces, and providing adequate health, justice and other services
- Ensure that ending child marriage remains high on the political agenda at global, continental, regional and national levels
- Promote the participation and role of men, particularly fathers, religious leaders and community leaders in promoting positive male role models who oppose child marriage and are knowledgeable about its harmful impacts
- Establish data systems reflecting age and gender disaggregated data on the nature

and magnitude of child marriage

- Encourage (and) end child marriage as it is one of the core human development issues of the post-2015 Development Agenda as well as the African Union's Agenda 2063, to be monitored with a specific indicator in the agenda 2063's monitoring mechanisms.

3.2.4 Revised SADC Protocol on Gender and Development

The protocol was adopted by SADC Member States in 2008, ratified by Zimbabwe in 2009 and revised 2016. In its key provisions relevant to this study include:

- **Article 6-** It requires all State Parties to enforce legislative and other measures to, amongst other things, prohibit and eliminate practices which are detrimental to the achievement of the rights of women.
- **Article 8-** requires State Parties to put in place legislative and other measures prohibiting the marriage of persons under the age of 18 years, and to ensure that where spouses separate, divorce or have their marriage annulled, they have reciprocal rights and duties towards their children.
- **Article 11(1)-** Implores State Parties to adopt laws, policies and programmes to ensure the protection of children from harmful cultural attitudes and practices, including through equal access to information, education, and sexual and reproductive health services.
- **Article 11(2)-** mandates State Parties to develop concrete measures to prevent and eliminate child marriages, forced marriages, teenage pregnancies, as well as mitigate their impacts on children's health, wellbeing, education, future opportunities and earning.
- **Article 20 (2) –** requires State Parties to ensure that laws on GBV provide for comprehensive testing, treatment and care of survivors of sexual offences including, emergency contraception and ready access to post exposure prophylaxis at all health facilities to reduce the risk of contracting HIV and sexually transmitted infections.

3.2.5 The SADC Model Law on Gender-Based Violence (GBV)

This Model law was developed courtesy of the SADC Parliamentary Forum in 2022. It defines child, early and forced marriages and unions as one form of GBV. Further to this, it also recommends the need for:

A sentencing policy ^[22] for GBV related offences to eliminate:

- All forms of gender-based violence, especially violence against women and children
- Child marriages and forced marriages

- Marriage broking

General educational and social measures to empower women and children, and adolescence and youth not in education" [23]meant to:

- Target families in communities where child marriage and gender-based violence is prevalent by providing advocacy programmes on the consequences of child marriage and gender-based violence; and
- Support awareness programmes in primary and secondary schools on sexual reproductive health matters and the consequences of gender-based violence.
- Further, the Model Law provides for the constitution of an anti-GBV committee and specific roles of anti-GBV monitoring officer and a child marriage prohibition officer [24].

Recommendation- Zimbabwe needs a comprehensive child marriage/anti-GBV/Equality law which amongst other key provisions, provides for dedicated committee structures to monitor implementation, and clear oversight roles of the committee members as proposed in this Model Law.

3.2.6 Model Law on eradicating child marriage and protecting children already in marriage

The SADC Model Law passed by the SADC Parliamentary Forum in 2016, provides a comprehensive legislative guiding framework for ending child marriages, and critically includes specific measures to protect and support victims and survivors. Its multi-pronged objectives include:

- Encourage the adoption of marriage laws that promote human rights and the reform of outdated laws and to guide national legislators on the content and provisions of effective child marriage laws.
- Reaffirm a human rights approach focused on the rights of women and children to tackling the issue of child marriage in Southern Africa
- Help put the issue of child marriage on national agendas and serve as a stimulus for debate as well as an entry point for advocacy
- Some of its notable standards on protection and support to child marriage victims include the following:

Rights to be protected and supported

The Model Law explicitly identifies a number of rights that ought to be protected with respect to girls who have entered into child marriage. These include:

- Right to free and compulsory primary and accessible secondary education^[25]- This includes every girl child who becomes pregnant before completing her education,

being given reasonable opportunity to continue with her education with appropriate facilities, during pregnancy and after delivery. The provision also prohibits discrimination against pregnant children by any person or private educational institutions^[26] and requires that appropriate measures be provided for, towards the eradication of any form of discrimination in the education sector. Such measures could include equal access and benefit from scholarships, educational awards and other study grants.

- Right to health^[27]- Health policies should be put in place to ensure access to health and medical services; comprehensive, safe and quality sexual and reproductive health services and sexuality education, as well as appropriate pre- and post-natal health care for child mothers and their offspring. Related measures should also include specialised services to deal with complicated conditions such as fistula, including antenatal, post abortion care, HIV and AIDS counselling, testing, treatment and family planning for affected children.
- Protection from exploitation and abuse ^[28]- Necessary support should be given to a child, child in marriage and a victim of child marriage for the prevention, identification, reporting, referral, investigation, rehabilitation and treatment of injury or illness resulting from maltreatment, abuse or exploitation.
- Parental responsibility and State interventions^[29]- Legislative provisions should be in place to facilitate for, subject to judicial review, the removal of a child from parental responsibility where an authority has determined that the child's continued living with the parent may (a) lead to significant harm to the child or to him/her being married off; or (b) subject the child to neglect, exploitation or abuse. Such a child is entitled to special protection, alternative care and assistance, provided by the Government, including adoption.
- Social protection and social services^[30]-A child marriage victim is entitled to social protection and security services and policies, measures and interventions must be put in place to ensure that a child has adequate access to such.
- Protection from child labour and right to sustainable livelihood and empowerment ^[31] - A child marriage victim should have access to suitable gainful employment and equal pay for equal work or equal value of work. Also, macroeconomic policies that focus on job creation for children in marriages or victims of child marriages must be put in place, including entrepreneurship training and mentorship.
- Other than the above rights, the Model Law also has various other support and protection provisions which include the below:
- Special policies and programmes for victims of child marriages living in rural and peri-urban areas^[32]- The girl child especially, must participate in the formulation and implementation of development programmes affecting them and must be able to

access available sexual reproductive, health and social security, training and education, support services.

- Provision for Voidable child marriages^[33]- Every child marriage contracted before the commencement of a law prohibiting child marriage, shall be voidable at the option of one or both parties to the marriage, or a third party, in consultation with an appropriate authority.
- Legal aid and legal services to victims of child marriage ^[34]- Government policies, programmes and mechanisms that ensure accessible and affordable legal services to child marriage and to intervening third parties, should be put in place and implemented.
- **Measures And Interventions to Mitigate the effects of Child Marriage [35]- Member States are required to provide in national laws, intervention programmes to support child brides by:**
 1. Promoting earlier and more frequent use of family planning, HIV/AIDS and maternal health services, sexual education
 2. Promoting educational and economic opportunities to help break the cycle of inequality, illiteracy, and poverty that frequently perpetuate child marriage
 3. Provision for data collection on all variables relating to status of children already in marriage, including their education, access to resources, and healthcare, while protecting personal data and the privacy of the child
 4. Providing for reporting, monitoring and evaluation of implementation of related laws.
 5. Providing for safety, foster or other public facilities for the residence, funded from an anti-child marriage or related funds which are directly budgeted for such purposes
 6. Providing legal provisions guaranteeing that marriage shall not constitute a defence to a charge of rape.
- **Determination of children in need of care and protection [36]-National laws must recognise the various conditions that can put a child bride in need of care and protection including instances where the child:**
 1. Has been or there is substantial risk of being physically, psychologically or emotionally affected or injured, sexually abused or raped by their spouse or any other person and there is no adequate protection against such.
 2. lives in circumstances that make them vulnerable to sexual exploitation; or has no place of abode, lives or has access to the streets or other places for illegal or other detrimental purposes.
 3. Provision should also be made for any person who has reasonable grounds to believe that a child in marriage needs care and protection to report the matter to

appropriate authorities and for provision of emergency protection, assistance and maintenance assistance when required.^[37]

- Strengthening community networks [38]-This must be prioritised to mitigate the effects of child marriage, including providing emergency accommodation facilities and provision of psychological, physical and re-integration support to children who leave marriages.
- Training of officials [39]- All relevant government authorities should be trained on child marriages and on provision of public information on child marriages
- Recommendation: Zimbabwe needs to adopt wholly the SADC Model Law to ensure prevention and comprehensive management of child marriage cases

3.3 NATIONAL FRAMEWORK

The Constitution and several pieces of legislation in Zimbabwe, contain provisions which speak to the subject matter of child marriages and on protection and support measures for victims and survivors thereof. They also, to varying degrees, reflect some of the regional and international standards outlined above. The relevant provisions, along with some recommendations for improving them, are summarised below.

3.3.1 Constitution of Zimbabwe- Amendment (No 20) Act of 2013

- **Children-** The State is required to adopt policies and measures to ensure that in matters relating to children, the best interests of the children concerned take precedence. This includes protection from maltreatment, neglect or any form of abuse.[40]
- **Marriage-** The State should take appropriate measures to ensure that no marriage is entered into without the free and full consent of the intending parties and that children are not pledged in marriage.[41]
- **Social welfare-** The State is also required to take all practical measures, within available resources, to provide social security and social care to those who are in need.[42] Child marriage victims and survivors often find themselves in need of care and support for themselves and their offspring.
- **Marriage rights** ^[43]- Every person who is 18 years and above has the right to find a family and no person may be compelled to enter into marriage against their will.
- **Rights of children-** Every child under the age of 18 years has the right to be protected from economic and sexual exploitation, child labour, maltreatment, neglect or any form of abuse. Further, a child's best interests are paramount in every matter concerning the child.[44]
- **Name, Nationality, Identity and Registration-** Every child, who is born in Zimbabwe or born outside Zimbabwe and is a Zimbabwean citizen by descent, has a right to prompt provision of a birth certificate.^[45]

- **Sexual Exploitation and Abuse-** The Constitution also provides that every child has a right to be protected from sexual exploitation, neglect and any form of abuse.^[46]

The above constitutional standards have been applied progressively in child marriage cases. For example, in 2015, the Constitutional Court outlawed child marriages and pledging of girls in marriages in the case of *Mudzuru vs Minister of Justice, Legal and Parliamentary Affairs and others*,^[47] and in 2022, in the case of *Kawenda vs Minister of Justice, Legal and Parliamentary Affairs*, it held that the age of consent to sexual activities is 18 years and above. The later decision, however, occasioned a lot of debate with child protection actors applauding it, whilst SRHR actors felt it was undoing years of advocacy around access to SRHR and sexual debut, as they were concerned about criminalizing consensual, non-coercive sexual activity between adolescents of similar ages.

Further, in the quest to align with the above provisions of the Constitution, legislative progress has been made, which has seen some laws being amended such as the Marriage Act [Chapter 5:11]^[49] and Customary Marriages Act [Chapter 5:07]^[50] which were repealed by the Marriages Act, 2022 [Chapter 5:17].^[51]

3.3.2 Marriages Act (Chapter 5.17)

Passed into law on the 27th of May 2022, the Marriages Act [Chapter 5:17] repealed the Customary Marriages Act [Chapter 5:07] and Marriage Act [Chapter 5:11] and in conformity with section 26 of the Constitution, explicitly prohibited child marriages. The Act clearly states that child marriages are prohibited and under no circumstances should a person contract, solemnise, promote, permit, allow or coerce or aid or abet the contracting or solemnisation of any form of child marriage.^[52] It further states that, "No person under the age of eighteen years may contract a marriage or enter an unregistered customary law marriage or a civil partnership."^[53] Contravention of these provisions [other than by the child themselves] is an offence attracting to up to a level 10 fine or five (5) years imprisonment or both. Further, the involvement of a parent or a legal guardian in the marriage of a child, is an aggravating factor in a child marriage case.^[54]

Gaps- Limited support measures in the Marriage Act- While the Act progressively prohibits and criminalises child marriage, beyond this, it is scant of any measures applicable to persons who are already in or have been in marriage. Further the study also revealed that there is a dearth of knowledge amongst the public about the provisions of this law on child marriage and the ensuing implications of related offences.

Challenges in implementing section 3 of the Act- While the provisions of section 3 of the Act are explicit and progressive, the section is hardly being utilized as the State prefers section 70 of the Criminal Code because it has stiffer penalties (up to a level 12 fine or imprisonment for a period of up to ten years or both) compared to those in the Marriages Act (up to a level 10 fine or five (5) years imprisonment or both). Its implementation thus remains a challenge. This issue can be cured by clear sentencing guidelines as fully detailed in section 3.3.4 below.

Recommendations

- Concerted efforts are needed in providing detailed citizenry awareness on the provisions of this law regarding child marriages. According to the ZGC, such initiatives should also involve traditional leadership as they live in the communities where child marriages are occurring and are mostly likely to promote change of perception as well as influence required changes through customary law and outlawing these practices within their jurisdictions.
- Having a single section on the prohibition of child marriage without extensively providing for other measures can focus merely on criminal prohibition of child marriage, without adoption of a holistic approach towards prevention, education, and provision of protection and support services to victims of child marriage. More effort is needed to make the enjoyment of this right fully accessible for those at risk and those already in child 'marriage'. It is important therefore for the nation to consider a standalone law on ending child marriage, which includes comprehensive provisions in line with the guidelines established by the SADC Model Law.

3.3.3 The Criminal Law (Codification and Reform) Act (Chapter 9:23)

This Act has complementary provisions that criminalise acts that may be perpetrated on children with respect to marriage. Section 94 of this Act progressively outlaws the pledging or coercion of girls into marriage, providing that the following acts are considered offences:

- The pledging of a female child under the age of 18 years or a female person without her consent, by any custodian or relative, as compensation for the death of a relative, or for any debt or obligation, is an offence
- The pledging of a female under 18 years of age in marriage to a man, whether for any consideration or not or
- Where they, by force or intimidation, compel or attempt to compel a female person to enter into a marriage against her will
- This offence attracts a fine up to or exceeding level 14 or to two (2) years imprisonment or to both the fine and imprisonment term. Further, any person who

is party to child pledging or the coercing of a child into marriage may be charged as an accomplice to pledging a female person.

3.3.4 Criminal Laws Amendment (Protection of Children and Young Persons) Act

In September 2024, the above stated Criminal Laws Amendment ^[55] came into force, and whose provisions are valuable in this study. The Amendment Act, in keeping with the constitutional provision as well as regional and international standards, pegs the age of sexual consent at 18 years of age, replacing the previous 16 years.'

Further, while previously the Act premised the criminal act on "extra-marital' sexual intercourse with a 'young person,' the amendment criminalises any form of 'sexual intercourse' involving a child, removing the 'extra-marital' element to the offence, while at the same time providing enhanced protection against sexual intercourse involving all children below 18 years of age. Any person found guilty of having, soliciting or inciting a child to have sexual intercourse is liable to a level 12 fine or imprisonment for a period of up to ten years or both. The child's consent to sexual intercourse or an indecent act is not a defence against this offence.

The Amendment Act introduces a new provision conditionally exempting children or adults who have sexual intercourse with a child in instances where there is not more than 3 years age difference between the perpetrator and the other child involved. Such people can only be prosecuted at the instance of the Prosecutor-General, after consideration of a report by a probation officer appointed in terms of the Children's Act [Chapter 5:06].

Gap: This provision is most likely to prejudice girls above 16 or 17 years of age who may have sexual relations with older young men who may take advantage of this provision.

It will be interesting to track how the Prosecutor General will make use of his powers under the provision vis-a vis differences in ages but where one of the parties is a minor and another one an adult, to avoid criminalizing consensual sexual activity, while at the same time ensuring accountability for adults who coerce, exploit, intimidate or pressure children into having sex.

The 2024 amendment also introduces a progressive new provision, i.e., section 70A, which criminalises the deliberate infection of a child with a sexually transmitted disease and HIV, an offence that attracts a fine of up to level 14 or five (5) years imprisonment or both, a positive way of supporting and protecting child marriage victims and survivors. The fact that the child knew that the accused was suffering from

a sexually transmitted disease; or that they consented to the act in question, is not a defence.

The current laws give too much leeway for discretion of magistrates in sentencing perpetrators in terms of section 70 of the Criminal Code and in terms of the Marriages Act which has led to instances of offenders receiving community service as has been reported in media reports.^[56]

Recommendations

There should also be efforts to educate the key demographic that is likely to be victimized by abusers - young girls - on the new amendments to the Criminal Code which raised age of consent for sex to 18, in order to arm them with knowledge on what their rights are and to ensure they know the multiplicity of reporting channels that are available to them.

3.3.5 The Cyber and Data Protection Act (Chapter 12:07)

This Act introduced progressive provisions with respect to criminalisation of offenses against children. The Act amends various sections of the Criminal Code including the introduction of a new section 165A which criminalises any person of 18 years or above, who unlawfully and intentionally through information and communication technologies [ICTs] proposes to meet a child aged below 18 years, for the purpose of engaging in sexual activity with them, where this proposal has been followed by material acts leading to such a meeting. This offence attracts a fine not exceeding level 14 or imprisonment for a period not exceeding ten years, or both the fine and imprisonment term.^[57] The Act also criminalises the exposure of children to pornography through a computer or information system, an offence that attracts a stiff level 14 fine and imprisonment for a period not exceeding five years. These provisions are all key in protecting victims and survivors of child marriage as these can equally take place during the subsistence of such unions or can be the precursor to such unions.

3.3.6 Guardianship of Minors Amendment Act No. 2 of 2022

This Amendment Act amongst other things, amends section 4 of the Guardianship of Minors Act [Chapter 5:08], by stripping natural guardians of the power to consent to a marriage on behalf of the child.

3.3.7 Termination of Pregnancy Act (Chapter 15:10)

Unwanted pregnancies are a common feature in cases of child marriage which has resulted in fervent discourse on the need for a legal framework and related measures which swiftly facilitate the termination of pregnancies in various instances such as those involving sexual abuse. However, the permissible grounds for termination of pregnancy provided in section 4 of this Act are restrictive and expose many girls who fall pregnant to unsafe abortions or giving birth to unwanted children. Termination is only allowed where pregnancy poses a serious risk to either the mother or the unborn child or where the pregnancy is a result of unlawful intercourse. Unlawful intercourse is defined as rape or incest,^[58] excluding other forms of sexual abuse and exploitation of the child which may result in pregnancies. This retrogressive position of the law was recently challenged by WLSA and Another [59] in the High Court, and during which the Applicants argued that

“The definition of unlawful intercourse excludes unlawful and unconstitutional intercourse giving rise to pregnancy of a child below the age of 18. To the extent that the age of sexual consent is 18, it therefore means that any intercourse with a child is unlawful and must be included as unlawful intercourse for the purposes of s 2(1) of the Act....”

With Respondent government entities unopposed to the application, the High Court declared section 2(1) of the Termination of Pregnancy Act (Chapter 15:10) unconstitutional and invalid, and it is expected that this law will be amended accordingly, providing requisite support to children who fall pregnant.

Recommendation- The Termination of Pregnancy Act should be swiftly amended in line with the decision of the Court in the WLSA court case to promote access of married children to safe abortions. Further, there is need for additional complementary measures to facilitate the implementation of the revised law such as the development of training curriculum for medical professionals for such procedures.

3.3.8 Public Health Act (Chapter 15:17)

While the Act's preamble mimics various provisions of the Constitution on the right to health,^[60] it however does not then provide for these rights in its provisions. For example, there are no specific provisions on reproductive health services in the Act, yet limited access to reproductive health services is a key challenge that child marriage victims are faced with before, during and after marriage. Access to reproductive health services by children was amply discussed in the case of *Kawenda v Minister of Justice, Legal and Parliamentary Affairs and Others* CCZ3/22, where the Constitutional Court insightfully held that:

“Children who have sexual relations still have the right to health care services notwithstanding their youthfulness. Efforts to accommodate their health care services needs must be scaled up at the same time that laws to protect them from sexual exploitation are made to comply with the Constitution. Health care providers need to be empowered by the law to provide sexual and reproductive health services to children in need of such services without regarding them as being too young to need such services. This is an issue of law development generally with which I will not further burden this judgment.”^[61]

Gap: Despite this milestone ruling, section 35 of the Public Health Act still provides that a health service shall not be given to a person without the informed consent given by a person with legal capacity to do so, which excludes minors as they cannot legally consent as required. The legislature effectively forgot about minors who get sexually molested by their guardians.

Recommendation: The Public Health Act must be amended with a view to accommodating a lower age of consent for purposes of accessing SRHR services by children, in light of the ruling in the above stated Kawenda case and in light of practical reality that access to sexual and reproductive health services is a critical component in the right to prevent as well as mitigate early and unwanted pregnancies amongst children.

3.3.9 Births and Deaths Registration Act (Chapter 5:02)

Section 10 of this Act provides that the birth registration of a person in Zimbabwe is compulsory. However, the provision falls short of meeting the requirements in Section 81 (1)(c) of the Constitution which require the “prompt” provision of a birth certificate to every child born in Zimbabwe or born outside Zimbabwe and is a Zimbabwean citizen by descent.

Section 12 of the Act also provides that men who father children out of wedlock are not compelled to register their children's birth, with such children only registered under their mothers' maiden surnames, while the fathers' details do not show on their birth certificates, which is discriminatory and detrimental to the children and their mothers at various levels. This position of the law compounds the challenges that child marriage victims are currently facing in as far as registration of their offspring is concerned, especially in cases where the unions end before the child is registered.

Recommendations- Section 12 of the Births and Deaths Registration Act should be amended to cover children born in unregistered customary law unions and other unions as well as civil partnerships, and to compel men who would have been

adjudged by the courts or determined by paternity tests to be fathers of the children, to register them. Further, the Registrar can be given the discretion to register such children in the name of the alleged father where they are satisfied with the evidence presented that such an alleged father is the father. Any person aggrieved with the decision should have the right to appeal.

3.3.10 Domestic Violence Act (DVA)- (Chapter 5:16)

The DVA defines domestic violence as any unlawful act, omission or behavior which results in death or the direct infliction of physical, sexual or mental injury to a person. It includes abuse derived from cultural or customary rites or practices that discriminate against or degrade women such as the pledging of women or girls for purposes of appeasing spirits; or forced marriage; or child marriage.^[62] This offence attracts up to level 14 fine or 10 years imprisonment or both.^[63]

The Act also has a number of other progressive provisions that can be utilized in cases of child marriages such as the section 9 provision on issuing of interim protection orders where the court is satisfied that based on presented facts, the respondent has committed, is committing or is threatening to commit an act of domestic violence; and that it is necessary or desirable to immediately issue an order to protect the complainant from serious or substantial harm. Further, Part IV of the Act makes provision for the appointment of Anti-domestic violence counsellors and the establishment of a corresponding Anti-domestic violence council. Amongst other functions, the counsellors are meant to provide counselling to complainants and respondents in terms of this law,^[64] while the council amongst other things, promotes the establishment of safe houses to shelter victims of domestic violence, including their children and dependents, pending the outcome of court proceedings under this Act.

Recommendations- In the absence of a standalone law that comprehensively provides for measures to prevent, mitigate and manage the impact of child marriage on victims and survivors, more effort should be put in utilising the DVA to the full extent possible so that there is no vacuum that predators can take advantage of to the detriment of children affected by child marriage.

3.3.11 Children's Act

In an effort to domesticate various key regional and international standards on children's rights and their protection, the Children's Act (Chapter 5:06) was adopted in 2001 replacing the colonial Children's Protection and Adoption Act (Chapter 5:06). In 2023, the Children's Amendment Act No. 8 of 2023 came into force, and amongst other things, aligned the Children's Act with the 2013 Constitution of Zimbabwe, and with

emerging regional and international standards on child protection and related rights. Overall, the amendment removes reference to children being persons under 16 years of age or their description as young persons, reinstating the use of the word 'child' and in some instances, explicitly describing them as persons under 18 years of age. Some of the provisions of the Children's Act which are relevant to this study are as follows:

Definition of a child and a child in need of care- In conformity with the Constitution and regional and international standards, a child is defined as a person under the age of 18 years, a change from the previous 16 years, while a "child in need of care or protection or both" is defined as a child or young person who is 'pregnant; or is purported to be married or pledged in marriage or is at risk of being unlawfully married or pledged in marriage^[65]'

Definition of Legal guardian- The amendment removes reference to "a husband of a girl who is under eighteen years of age" as part of the legal guardians of a child, in keeping with the principle that a child cannot be married.

Definition of Child Grooming- This is a new definition which speaks to situations where a person builds an emotional connection with a child to gain their trust for purposes such as sexual abuse and exploitation.^[66] The recognition of child grooming in this law is critical as this is one of the reasons why some children may end up feeling attached to their abusers even in child marriage settings. Other relevant provisions in this law include provision for removal of children into safe houses as prescribed by clause 31 of the Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage, while section 28, provides for the Minister to establish and maintain places of safety for the reception of children and young persons in terms of this Act and for the Minister to also encourage local authorities and other persons or organizations to establish the same.

Section 14(1) (a) of the Act provides for removal of children and young persons to a place of safety, where in the opinion of that police officer, health officer, education officer or probation officer, the child involved needs care.

Duty to report abuse of a child- Under section 9A, a positive obligation is placed on persons who are required or likely to interact with children in their professional or vocational capacity and who become aware or suspect, on reasonable grounds, that a child has been, is being, or is likely to be abused, to report such to a police or child protection officer.^[67] In terms of this amendment, "abuse" is defined as including any Sexual Offence.

Despite positive provisions on the placement of children in need of care in safe houses, such placement in terms of this Act, is largely biased towards children in conflict with

the law, i.e. those who have committed offences themselves and not victims or survivor of child marriage. Additionally, there is little to no mention of child marriage-specific provisions other than the inclusion of pregnancy as part of the grounds that may necessitate the placement of such children into places of safety.

Recommendation- The Act needs to be expanded, even though regulations, to also include specific reference and focus to children affected by child marriages especially with respect to the application of the various support and protective measures included herein such as safe houses and targeted educational programs as an alternative to a standalone law on child marriage as proposed above.

Education Act (Chapter 25:04)

Considering how victims and survivors of child marriages are often of school going age, the occurrence of such marriages is a fundamental threat to the attainment of education by the affected person. The Education Act, as amended by the Education Amendment Act No.15 of 2020, does provide measures which, if fully implemented, can enhance access to education for victims and survivors of child marriage. These include:

- Prohibition of discrimination of any child regarding their admission, suspension or expulsion from school on the grounds of their sex, gender, marital status, or pregnancy. This includes express prohibition of expulsion of children from school on the basis of pregnancy.^[68]
- Deprivation of a child's access to basic state funded education is an offence attracting up to two years imprisonment.^[69]
- The Act also provides that every school should 'endeavor' to offer non-formal education including adult education. This provision while meant for adults, stands as an option for child marriage victims and survivors who have attained majority age, as well as for those who are below 18 years should they prefer that set up.^[70] ^[71]

Gap- Despite the above progressive provisions introduced by the Education Amendment Act, these are yet to be operationalised through regulations. Section 15 of the Education Amendment Act for example, requires the amendment of section 69 of the principal Act to come up with regulations on use of technologies, feeding schemes in schools and management of sexual abuse in schools.

Recommendation- Measures should be taken to urgently pass all outstanding regulations in order to fully operationalise provisions of this Act. Outside of the formal education system, Technical and Vocational Education and Training [TVET] plays a critical role in the support of child marriage survivors, with entities such as the Ministry of Women Affairs offering some short-duration training programmes aimed at rural women in areas. According to a Respondent from the Ministry of Women Affairs, the Ministry has ongoing livelihood skills trainings (e.g., detergent making and fruit and

vegetable drying) and '...in most cases the Victims of Child marriages are engaged and get assistance to start their own income generating projects.' Further, organizations such as Mavambo Orphan Care have been rendering assistance to child marriage victims and other children in the form of skills training programme as well as start-up kits (carpentry, hairdressing among others).

Recommendation- While it is commendable that there are TVET measures and related programs by various educational institutes, ministries and non-governmental organizations underway in Epworth, there is need for them to be better coordinated to avoid duplication and to ensure that there is continuity and taking stock of their impact, challenges and opportunities to better support victims and survivors of child marriage. As proposed by most respondents to this survey, there is also a need to be deliberate in offering TVET as an option to girls who may not prefer to go back to the mainstream educational system, so that they fit in better and do not have to struggle after being out of school for so long.

3.4 POLICIES AND STRATEGIES

3.4.1 Education Policy

Zimbabwe has various policies across the education sector touching on aspects such as inclusive education, Adult Literacy, Basic and Continuing Education, Gender Equity in Education, early learning, as well as promoting education for all persons, amongst others. The 2005 Education for All Policy [72] is also progressive, supporting gender equality initiatives including the policy on re-admission of female learners after pregnancy. On the 8th of December 2024, the Ministry of Primary and Secondary Education issued Circular No 18 of 2024, Safeguarding Guidelines for the Continuation of Learning for pregnant Girls and Under-aged Male and Female Parents, which guides the education sector on how to treat minors affected by pregnancy and child marriage. The circular is a critical support measure which aims to support girls of school-going age who fall pregnant and boys of school-going age who impregnate girls. It also seeks to "strengthen compliance with the provisions of the Education Act on pregnancy [while also providing] standard guidelines on ensuring how teen parents may continue to have access to quality education without being discriminated against."^[73]

Furthermore, in February 2025, the Ministry came up with Statutory Instrument 13 of 2025 that mandates schools to put in place protective measures for girls affected by sexual violence including child marriage. Some of the measures include re-entry, provision of counselling and link with supporting community initiatives.

The Ministry will need to closely monitor its implementation across the country to ensure that all schools and relevant stakeholders comply with the circular and that all

affected children are treated equitably and in a manner that ensures their easy access to education post-pregnancy.

3.4.2 National Gender Policy

While there have been indications of a new gender policy being developed, this is yet to be launched. The immediate past is the National Gender Policy of Zimbabwe [the NGPI] revised in 2017, which was introduced at the backdrop of “remarkable results” relating to gender equality and equity.^[74] Since the lapsing of the 2017 revised policy, Zimbabwe is yet to see a new policy in place. The goal of this policy was “to eradicate gender discrimination and inequalities in all spheres of life and development.”^[75] A noticeable issue with this policy, however, is that it is bare of specific provisions relating to child marriages and it can only be hoped that this will be amply addressed in the incoming policy. At best, the policy generally as part of its Policy Objective to reduce all forms of GBV, provides that there is need to implement programmes aimed at eradicating all harmful social norms, religious and cultural beliefs, attitudes and practices that legitimize the acceptance of GBV at all levels.

Gap- With the lapse of the 2017 National Gender Policy, the country still awaits the launching of a new policy, years later, despite indications that progress has been made in its development.

Recommendation- There is need for the urgent introduction of a current and responsive gender policy to guide and consolidate gains on child marriages. The long delays in between the lapsing of one policy and the introduction of the other are retrogressive to envisaged progress and targets towards the elimination of child marriages and related effects.

3.4.3 National Development Strategy (NDS-1)

The NDS-1 outlines strategies relating to social protection as one of the key drivers of growth and development at various levels. The strategy however acknowledges that there are severe challenges being faced across the board in as far as the provision of social protection to vulnerable populations is concerned noting that the system has been eroded in its quality and reach, with about half of the of the intended beneficiaries receiving no benefits from any of the social assistance programs. Key challenges cited include, ‘lack of fiscal space to cover all in need; weak coordination of the country’s humanitarian response, and furthering corruption in access to support and exclusion of disenfranchised groups.’ [76] To mitigate these challenges, the NDS-1 sought to amongst other strategies, harmonise, integrate and strengthen social assistance programmes. The strategy also identifies children as part of the group of vulnerable people in need of care and protection and seeks to enhance related support by

increasing “the number of people receiving care and protection within set standards from 15% to 75%^[77]” by 2025. Targeted mitigatory strategies included building inclusive and sustainable livelihoods opportunities for such vulnerable groups to build resilience.

Gap- beyond recognising children as part of persons in need of care and protection, the strategy does not make an express link between national development and child marriage which arguably detracts from much needed national and even budgetary attention required to effectively mitigate the scourge as well as provide required support and protection measures.

Recommendation- wide mainstreaming of child marriage as a theme in national policies, action plans and key strategies such as the NDS-1 is critical. A leaf can be taken from the approach employed by countries such as Uganda which has mainstreamed child marriages in various national policies including its National Development Plan (NDPIII), an equivalent of Zimbabwe’s National Development Strategy-1.

National Health Strategy for Zimbabwe (2021-2025)[78]

The strategy identifies that adolescent, i.e. persons (10-19 years) “...face many sexual and reproductive health challenges such as, high rates of unintended pregnancies, maternal morbidity & mortality, early marriage, sexual and gender-based violence and new sexually transmitted infections and HIV”.^[79] The policy provides various strategies which, if fully implemented, could enhance support and protection to victims and survivors of child marriage. These include:

measures to improve youth friendly services so that a comprehensive adolescent health minimum service delivery package that includes SRH, immunisation, mental health, menstrual hygiene, HIV and nutrition is offered at health facilities.^[80] The measures include ensuring that the unmet needs of contraception especially among adolescents are addressed, as well as innovative, age-appropriate school, family and community based and balanced health education, advocacy, life and livelihood skills-oriented empowerment initiatives for adolescents are developed and rolled out.

The policy also targets improving sexual and reproductive services to cater for victims of sexual abuse and gender-based violence, requires that secondary health facilities have 24hr adult rape clinics whilst primary health facilities are capacitated to offer the psychological support and administer post exposure prophylaxis strategic intervention. It also identifies the need to ease the effects of rights violations on women and children by enhancing care and support services.

3.4.5 National GBV coordination Forum

A multi-stakeholder approach to combating GBV has been put in place which, if fully functional, stands to equally support victims and survivors of child marriages. This national GBV coordination forum comprises of subcommittees, namely: the Victim Friendly System; the Child Protection Committee; the Country Coordination, ZIMSTAT, the Mechanism on Ending Child Marriage; GBV Sub-Cluster; and the Gender Thematic Working Group, with the Anti-Domestic Violence Council acting as the secretariat. There are however indications that the Forum is contending with various challenges which no doubt impact on its effectiveness in rendering adequate and timely support to victims and survivors of child marriage. Some of the key challenges identified include the following:^[81]

- Since 2022, the Anti-Domestic Violence Council (ADVC), which was bedeviled with poor funding and resultant inadequate human resources, is now defunct.
- Inadequate resources for coordination meetings- i.e. amongst members of the Forum, affecting its ability to meet and engage as a collective and as regularly required.
- Overlapping and unclear mandates between Ministries and other institutions- this has reportedly affected implementation of activities. The Ministry of Women Affairs singles out the lack of clarity between the mandates of the Ministry of Child Care, the Ministry of Health and Department of Social Services regarding childcare and also between the Ministries of Women Affairs and of Justice with respect to oversight of the Anti-Domestic Violence Council (ADVC).
- Other challenges include duplication of work and parallel coordination mechanisms and weak accountability mechanisms for coordination and attendance of coordination meetings.

3.4.6 National Action Plan and Communication Strategy on Ending Child Marriage (NAP on ECM)

The National Action Plan on Ending Child Marriage (2019-2021) is one of the key policies that was put in place, with the objective to usher the country towards an end to child marriages and to facilitate equal status between boys and girls. This Action Plan, which ended in 2021, was administered by the Ministry of Women Affairs, Gender and Community Development as a response to the call in the African Common Position on the AU Campaign to End Child Marriage in Africa which called on member states to "Develop, elaborate, and implement national strategies and action plans, including putting in place mechanisms and institutions for the enforcement, monitoring and reporting, along with financial and human resources, all aimed at ending child marriage".^[82] Its foundational goal was to contribute to a Zimbabwe free from child marriages, through a multi-pronged approach with several strategies that included;

- Building the capacity of institutions to advocate for ending child marriages,
- Establishing monitoring and evaluation platforms,
- Formulating structures for effective coordination and collaboration,
- Advocacy for alignment of legislation and policies with applicable Constitutional and international legal standards.

In line with clause 36 of the SADC Model law, the action plan also sought to promote the participation of children and young people in discourse on ending child marriage.

Gap- Since its lapsing, no new action plan has been put in place creating a yawning gap at a time when the strategies of the policy that lapsed had not yet been fully implemented.

Recommendation- A new and costed NAP on Ending Child Marriage should be adopted as a matter of urgency and accompanied by adequate resources for its effective implementation. The case of Malawi ^[83] could instruct with respect to how it has ensured that there is timely adoption of key policies and action plans on child marriage, avoiding lengthy gaps as has been the case in Zimbabwe and facilitating much needed continuity in their implementation. These are some of the issues and programs that the new NAP should cover:

1. Education and awareness

Initiatives to keep girls in school, recognising that continued education is critical in preventing early marriages. Related to this proposal, the attendant need to raise awareness in schools to address issues of stigma and stereotyping by other learners. Awareness is raising the harmful effects of child marriage, including through public discussions, workshops and collaboration with local influencers and celebrities. Launch media campaigns (social media, radio, TV) and community events to educate people on the harmful consequences of child marriage and benefits of keeping girls in school. Provision of financial incentives such as scholarships and school subsidies to reduce the burden of school costs on vulnerable families.

2. Legal Protection

Strengthening of the applicable legal framework by harmonising national laws with the regional and international standards to ensure robust protection against child marriage. Review and align statutes with regional instruments like the SADC Model Law. Increased training for law enforcement officers, judges, prosecutors and magistrates on the legal framework protecting girls from child marriage and set up a mechanism for reporting and following up on child marriage cases.

3. Health and Protection Services

Access to reproductive health services.

Ensure young girls have access to counselling and psychosocial support, especially those already married or at risk. Integration of comprehensive sexuality education into school curricula that covers topics like reproductive health, family planning, consent and healthy relationships.

Establishment of community-based counselling services, including helplines and peer support groups, to assist survivors or girls at risk of child marriage.

4. Social and Economic Empowerment

Offer free vocational and technical training to girls so they can acquire marketable skills and improve their economic prospects. Establish safe spaces to engage in leadership and mentorship programs with female role models in various fields such as business, politics and education.

5. Social Norms Transformation

Implement programs which use gender-transformative approach towards changing harmful cultural and social practices. Engage influential figures in communities to advocate for the rights of girls and educate the public on the harmful effects of child marriage. Facilitate open dialogues in communities with youths, elders and parents to address and transform the harmful cultural norms that support child marriage. Engage religious leaders to interpret religious texts in a way that challenges the justification of child marriage and train them to advocate for girls' rights.

6. Monitoring and Accountability

Establish robust systems to monitor the impact of interventions and measure progress toward ending child marriage.

7. Ensure transparency and accountability.

develop a national database to track the incidence of child marriage, the effectiveness of prevention programs put in place, and the resources allocated towards ending child marriage. Conduct regular independent audits to ensure the allocation of resources is transparent and that the national plan is being implemented effectively.

By addressing these key areas in a detailed and action-oriented manner, Zimbabwe's National Action Plan would create a comprehensive framework that prevents child marriage and empowers girls to thrive. This multi-pronged approach will be critical in achieving sustainable and lasting change in Zimbabwe.

4. COMPARATIVE ANALYSIS AND BEST PRACTICES

4.1. Zimbabwe as a best practice

It must be noted that Zimbabwe has done commendably well in providing strong legislative standards on child marriage. It is one of the six SADC countries that have set 18 years as the minimum age of marriage for both boys and girls, with no exceptions. Five other countries, Angola, Botswana, Comoros, Madagascar, and Namibia, have set the minimum age as 18 but however, also 'allow exceptions for customary and religious marriages and for marriage with consent from judicial or other government officials.'^[84] However, countries such as Eswatini, Lesotho, South Africa, Tanzania are non-compliant with the regional and international standards on the minimum age of marriage as they still provide for a minimum age ranging between 15 and 18 and which are also different for boys and girls. These countries also allow for judicial or parental consent to lower the age of marriage even further, while countries such as Eswatini and Lesotho, go further to allow exceptions for customary law that permit marriage from the age of puberty.^[85]

4.2. Uganda

The Penal Code Act (CAP 120) 2007, sets the legal age of marriage or engagement in sexual acts at 18 years. In February 2023, the Constitutional Court of Uganda in the case of Kirya Martins & Aboneka Michael v. Attorney General,^[86] held that the provisions of the Customary Marriage Act, Hindu Marriages and Divorce Act and the Marriage and Divorce of Mohammedans Act, contradicted the minimum age of marriage set out in Article 31 of the Ugandan Constitution, and were thus null and void. The decision is a major step in the fight against child marriage and which is set to pave the way for legislative, policy and other related reforms, though studies indicate that this is yet to be fully achieved. Despite ample and supportive regional, international and national standards which require that children who are victims of child marriage be given requisite physical and psychological and other support, experiences from Uganda show that adolescent mothers still face negative experiences with health care personnel when they try to access services which contribute to negative maternal outcomes.^[87] Further, Uganda, is also contending with a lack of understanding amongst parliamentarians and government officials on their obligations under international human rights laws regarding child marriage.

However, there are lessons to be learnt from Uganda's approach in combatting and mitigating child marriage, particularly how it has widely mainstreamed child marriage

as a theme across various national policies and action plans, including its National Development Plan (NDPIII) which recognizes the need to address child marriage, teenage pregnancy, child abuse, neglect and deprivation, as challenges and obstacles to sustained poverty reduction and socio-economic transformation. Related recognition is also found in other policies and action plans that include the Social Development Sector Investment Plan SDSIP (III) and the Ministry of Gender, Labour and Social Development Strategic Plan, 2020/21 – 2024/25.^[88]

4.3 Malawi

Malawi has one of the highest child marriage rates globally, with 38% of girls married before the age of 18.^[89] In 2017, Malawi amended its Constitution, raising the minimum age of marriage to 18 without exception. In similar spirit, the Marriage, Divorce and Family Act of 2015 already set the age of marriage as 18 without any exceptions, while the country went on to adopt a child marriage specific policy, the National Strategy on Ending Child Marriage (2018-2023) which, in line with the SADC Model Law, adopted a multi-sectoral approach to tackling child marriage.^[90] To date these efforts have borne positive results for example, it facilitated the engagement of traditional leaders as champions for ending child marriage, which saw over 100 female chiefs committing to help end child marriage in 2020. Resultantly, the John Hopkins Centre for Communication Programmes leveraged on the commitment by the traditional leaders and supported them in their efforts to combat child marriages which saw about 184 child marriages being annulled between January 2021 and March 2022, as well as 104 girls being readmitted to school in Chikwawa District. Such a functional multi-sectoral approach would equally provide much needed support and protection of child marriage victims in Zimbabwe.

With the lapsing of its 2017-2023 strategy, Malawi swiftly moved to launch a follow up National Strategy to End Child Marriage, on the 18th of October 2024. While the adoption of the action plan is commended, local stakeholders urge that it be followed up by adequate financial resources to facilitate implementation and robust monitoring and evaluation systems to track its progress. They have further called for various stakeholder and duty bearer roles which, if adhered to, can help the country achieve greater strides in preventing and mitigating child marriages and which include the below;

Government:

- (a) Allocation of a budget and resources for strategy implementation.
- (b) Development of actionable plans for each ministry/department.

Community Level:

- (a) Establishment of community-based child marriage prevention committees.

- (b) Engagement of traditional leaders and influencers.
- (c) Conduct community sensitization and awareness programs.
- (d) Provide economic empowerment programs for girls.

Recommendation- The swiftness with which Malawi has adopted this follow-up strategy is something that Zimbabwe can borrow from to avoid critical policy gaps as is currently the case with respect to the National Action Plan and Communication Strategy on Ending Child Marriages and the National Gender Policy.

4.4 Zambia

On December 26, 2023, the Zambian Parliament passed the Marriage (Amendment) Act of 2023, which makes it illegal for individuals under 18 to marry,^[91] including under customary law. This followed the National Advocacy and Communication Strategy on Ending Child Marriage in Zambia (2018-2021), as well as long standing advocacy on the need for strong legislative measures on child marriages.

4.5 The African Union Convention on Ending Violence Against Women and Girls (AU CEVAWG)

The AU CEVAWG is a comprehensive legal instrument for the prevention and elimination of all forms of violence against women and girls on the Continent. The Convention, adopted by the African Union heads of States and Government in February 2025. Amongst other provisions, it emphasizes the elimination of harmful practices such as child marriage.

Recommendation: Zimbabwe should swiftly ratify this Convention to facilitate its full adherence and implementation of the instrument at the national level towards enhanced support and protection of girls who have been affected by child marriage.

5. FIELD FINDINGS AND ANALYSIS

5.1 Victim and survivor accounts of challenges and support needs emanating from child marriage

Discussions with child marriage victims and survivors in Epworth revealed a number of challenges faced during and after the 'marriages' with respect to their day-to-day living, post 'marriage' support and insofar as the prosecution of related cases is concerned. Table 1 below, contains a snapshot of perspectives from some of the victims and survivors of child marriage. Common challenges faced during 'marriages' include gender-based violence, being forced to withstand polygamous unions, lack of financial and moral support, and the inability to continue with their education. 'Post -marriage', the survivors have to contend with extreme poverty, lack of employment and sources of income, lack of acceptance in their own families when they go back, lack of financial support to pursue education, and victimisation of parents within the family on account of the situation of the 'child brides.' See Table 1 below

Name ^{*(92)}	What Happened	Challenges	Help needed
Ash	<ul style="list-style-type: none"> • Aged 16, she dropped out of school to work • Faced abuse at home and started a relationship with a 32-year-old married man • Got into polygamous union for 2 months. • Experienced GBV in the marriage and left the 'marriage' 	<ul style="list-style-type: none"> • Facing poverty • Facing lack of support within her family 	<ul style="list-style-type: none"> • Employment • Capital to start a business • Vocational training • Support for the child's expenses
Natie	<ul style="list-style-type: none"> • Dropped out of school at 14 due to lack of school fees and started working • Started a relationship with a 28-year-old married man who lied that he was single • She fell pregnant, and the man denied responsibility 	<ul style="list-style-type: none"> • Poverty • Family issues- her father has not accepted her situation and the accompanying responsibilities 	<ul style="list-style-type: none"> • Employment • Capital to start a business • Clothing and other baby essentials
Lay	<ul style="list-style-type: none"> • Orphaned at an early age and raised by an aunt • Started a relationship with a man [age not revealed] • Fell pregnant just after writing O'Levels and sent to boyfriend's rural home • Marriage ended when the baby was 1 year old 	<ul style="list-style-type: none"> • Surviving on vending and living in poverty • Did not collect O' level results due to fees owing 	<ul style="list-style-type: none"> • Employment • Vocational training in hairdressing • Food, clothing and other baby essentials

Name ^{*192]}	What Happened	Challenges	Help needed
Hazvi	<ul style="list-style-type: none"> • Aged 16, she started a relationship with a 27-year-old married man • the man married another 16-year-old by the time Hazvi fell pregnant • Did not agree to marry the man 	<ul style="list-style-type: none"> • She wrote her O' Levels but has not accessed her results • She lost an educational sponsorship opportunity from a well-wisher when she fell pregnant • Ongoing conflict between her parents who blame each other for her situation • Lack of support from her family • Mother being victimized because of Hazvi falling pregnant 	<ul style="list-style-type: none"> • Employment • Essentials for the child
Tapiwa ^{93]}	<ul style="list-style-type: none"> • Married at 14 in 2004 when parents had divorced, and she was staying with stepmother. • Forced to go and work in a certain man's household after writing grade 7. She did not know there was a plan to marry her off to him. • The 'husband' was over 20 years older than her - he was in his thirties, and she was 14 years old. • She had a child at 15 years old • Some children in the area made her aware that she was being abused, and she left the marriage when her baby was 6 months old. 	<ul style="list-style-type: none"> • 'husband' raped her • No provision to access health facilities were provided to her when giving birth. • She gave birth by herself • Faced domestic violence from the husband 	<ul style="list-style-type: none"> • Employment • Food and other baby essentials

From the above table detailing the challenges and support needs of child marriage victims and survivors, it becomes clear that regardless of the commendable legislative reforms instituted to date, more effort is needed to ensure that available institutional and other support at hand, is better coordinated, monitored for their effectiveness and level of implementation, if they are to provide much needed non-legal support to this vulnerable group.

Further, one also gleaned that the challenges that the girls are facing, lean on the following:

- a. Required support to continue with school during and post the 'marriages.' A common factor is the lack of financial support to ensure that such children continue with school should they wish. This challenge points to inadequate social assistance measures that are tailored for this group of children which should also extend to ensuring their right to access their results.
- b. Lack of monitoring and measures to ensure full implementation of legislation as well as other measures in place. For example, some of the child marriage victims testify to facing GBV within the 'marriages,' some have faced infant mortality, while some are facing challenges accessing identity documents for themselves and their offsprings. There is a need to set up a strong multi-sectoral framework to provide such children with social security, health and legal support, but this is still inaccessible to the children in need.
- c. An ineffective social welfare and security system. Most survivors interviewed faced poverty and social challenges before marriage, which often pushed them into marriage. These difficulties escalate after marriage due to the added financial burden of supporting their children.

5.2 Nature and challenges faced by child marriage victims and survivors

5.2.1 Unaffordable maternal health care

According to Traditional Birth Attendants [TBAs] interviewed for this study, there is some measure of support for girls who fall pregnant (including child marriage victims), which includes free treatment during childbirth and free postpartum support at local clinics. TBAs are members of the community who assist pregnant women during childbirth, based on skills acquired through apprenticeship with other TBAs.^[94] However, an accompanying challenge is the stigma faced by the girls from health care workers at some of the health institutions. Further, while there is provision for such free healthcare support, it is not always readily provided. In some instances, the girls still have to pay, especially at the hospital. Tapiwa, one of the TBAs, lamented that, "A 16-year-old needs to give birth at the hospital, so she needs US \$25 delivery fee." With most child marriage victims facing lack of support from their families and their spouses, this fee is often unaffordable, forcing many to resort to the help provided by TBAs.

Further, the prohibitive cost of hiring council ambulances to ferry people to hospital, including the pregnant girls, compounds challenges faced by pregnant girls in their quest to access maternal health care. Organizations working in the area who are supporting pregnant girls to access maternal health care, have to resort to other means

of transport which are cheaper, though unequipped with any medical personnel in case of emergency.

Recommendation: There is a need to amend the Public Health Act and make it clear that minors who seek maternal and other health services are entitled to free health care for themselves and their babies. The provision in the Public Health Act can be supported by a comprehensive law or policy on ending child marriage as suggested before.

5.2.2 Lack of support for community level health personnel

Compounding the challenges that child marriage victims and survivors face in accessing health services, are challenges bedeviling critical support service providers such as the TBAs. The TBAs lament that, in the quest to assist pregnant girls during childbirth, they face lack of funds to acquire the required medications and related equipment such as gloves, razors, cotton, spirit, cord clicks, cleaning material, and general detergents. This results in the TBAs, at times, having to foot the bills on behalf of pregnant girls in need of help in delivering their babies. Some TBAs reported that at times the situation is so dire that they end up taking their own clothes to wrap the babies because the child mothers have nothing.

Further, there is a yawning gap between Traditional Birth Attendants and mainstream official channels on maternal health. While there is recognition of the existence of this community level support system, the TBAs lament the lack of support by the parent Ministry of Health, and this is despite the fact that they duly pay the annually prescribed registration fees to the Ministry. This state of affairs is impeding the level of support and efficiency that TBAs can render to pregnant girls as well as other persons requiring their assistance. For example, the TBAs would prefer their role within the health sector to be recognised and supported through the provision of medical equipment and related supplies as well as budgetary support to enable their work.

One TBA lamented that they have to

'Pay 50 dollars for registration, \$25 the 2nd year [and this is] not fair as this is a social responsibility component. Why are we paying to render free service? We actually need an allowance from the government.'

Another TBA chipped in saying;

"We are told that it is a must to have a blood pressure machine and a glucometer [and that] we need about \$35 for both. The government should supply us these things as part of a birth attendant kit which also include gloves, cord clipper, surgical razors, cotton,

bleach, buckets, gloves, disposable masks, rexine, plastic apron, old newspapers, solar light, cellphone, maheu etc.”

Tapiwa, another TBA weighed in saying;

As a midwife, I pay US\$25 a year for my license with no support from local clinics. I now have a crèche where I make children pay five dollars a month as a way of earning a living....”

This problem, it appears, has been longstanding. One scholar documented the same as far back as 2014, and the fact that it persists today, shows that measures put in place to improve coordination and collaboration between TBAs and the ministry of health, are yet to bear results. In her paper *Traditional Birth Attendants and Policy Ambivalence in Zimbabwe*,^[95] N.M Choguya lamented that ‘...government policies expounded through the Ministry of Health (MoH) programs and policies appear to be relegating them to the fringes of healthcare provision. However, in a country with a failing health system characterized by mass exodus of qualified personnel, availability of drugs, and understaffing of healthcare centres, among others, TBAs remain the lifeline for many women in the country.’

Further, the TBAs also note that some young girls upon delivery of their offspring, sometimes refuse to go back home and the TBAs end up providing care to both the mother and the baby, despite not having State or other support to do that. RhonaFlo, through its Purple Door program, sometimes accommodates teen mothers for up to 6 weeks postpartum and in some instances, well beyond that, in cases where the child in question is in a position of extreme need. These concerns shared by the TBAs point to;

- some measures of dysfunctionality in the primary health care system
- lack of social safety nets to assist pregnant girls to ensure they get much needed health care.

The said stigmatization by nurses at hospitals: points to;

- lack of awareness by key persons within the health value chain, of such children's rights,
- Challenges and impact of their actions and of child marriage itself.
- The poor recognition and collaboration between the formal health system and the TBAs points to a need for policy clarity on the role that they play, and a clear roadmap on how they can be resourced and supported to facilitate their effective support at the local level.

5.2.3 Social service and related support

Studies have also revealed that a major gap in supporting child marriage victims/survivors as with GBV victims, is in the provision of psychosocial support which is in

short supply due to a shortage of social workers in the Ministry of Public Service, Labour and Social Welfare (MoPSLSW). According to the Ministry of Women Affairs, 'many trained workers are migrating abroad in search of greener pastures, leaving the Department of Social Development grossly understaffed. CSOs have had to fill this gap to provide psychosocial support to survivors. Due to resource limitations, follow up counselling sessions are being conducted in a limited manner and some of the survivors only access the first counselling session'.^[96] Study Respondents also recounted challenges being faced in this regard which include the below:

5.2.4 Unavailability of support structures at family, community and national level

Community support personnel- According to the Plan International representative working in Epworth, the number of Community Case Workers (CCWs) versus the area's population does not tally. The organization has witnessed that required support on child marriage cases is severely hampered by the huge burden on the few CCWs working in the area. The organization notes that there are only 31 CCWs, against the planned figure of 35, which would have been 5 per each ward, against an estimated population of about 206, 365 (101, 269 Males and 105 099 Females) of which 65, 093 of them are aged 0-14 years, based on the 2022 Census figures for Epworth.

On safe houses, a respondent indicated that during the course of child marriage-related prosecutions, victims /survivors need temporary shelters to allow them to open up with respect to their cases. It is counter-productive to immediately take the victim / survivor back to their parents who may have supported or permitted the child marriage due to various reasons such as poverty.

The Ministry of Women's Affairs maintained that steps have been taken to protect and support victims and survivors of child marriages in the form of safe houses. The Ministry notes in its current National GBV strategy, that the government, together with CSOs such as Musasa Project, have established safe houses for survivors of GBV in both rural and urban areas. The Ministry admits that the available shelters are by far inadequate as Epworth survivors have to get services from Musasa over 20 kilometres away. These shelters function as 'transit centres where survivors stay until their cases are finalized,' and where they also obtain counselling and legal services support, as well as transport to and from courts, during the course of their court cases. The ministry further notes that at some of the safe houses, child marriage survivors receive training from CSOs on survival skills such as gardening, detergent making and dress making, with a view to equipping them with income generating skills for use after their court cases and/or 'marriage' and which also critically makes them economically independent from their abusers.

The current safe houses support is not without challenges and these include; limited financial and human resources which limit the extent of support and protection that they can offer. Reportedly, some of the safe houses lack transport, adequate food and other amenities required by the survivors.

The safe houses currently in place cater exclusively to women and girls, leaving the needs of male survivors unmet.^[97]

5.2.5 Inadequate training for key stakeholders

Stakeholders providing support on child marriage also point to the need for more capacity-building for stakeholders such as in the multi-sectoral victim friendly system (VFS). According to the Plan International respondent, the last training for the Victim Friendly Unit (VFU) was held two years ago, and this challenge points to the need for more players to complement each other in offering much needed training and capacity-building. Relatedly, another challenge is that although stakeholders such as Plan International are supporting the VFU training, trained personnel are often reassigned, which means that there is always a need for continued training and capacitation. It is, however, very expensive and unsustainable to keep training personnel from scratch then having them transferred and new ones arriving with zero knowledge. It is also a waste of the limited resources available. There is therefore need for a sustainable approach to training which is coordinated at a national level so that all VFS stakeholders and personnel have the necessary baseline technical capacity on handling GBV and child marriage related matters.

5.2.6 Access to birth certificates and national identity documents

The TBAs who participated in the study noted that girls who fall pregnant face challenges in accessing birth registration for their offspring and when they try to facilitate these, the TBAs are "...treated like [they have] committed an offence- yet it is in the birth registration law." They further argued that in general, birth registration process should be made easier, especially where a child has given birth - because any hindrances faced in trying to acquire a birth certificate will resultantly affect the child who has been born. This statement was supported by the survivors themselves, who out of the 15 engaged, only 4 had birth certificates for their offspring. This is indicative of a lack of coordination between the Ministry of Health and the Ministry of Home Affairs and Culture, specifically the Registrar General's Department, which can be argued to be partly as a result of the poor support that the TBAs get from the Ministry of Health. All things being equal, there should be some sort of memorandum of understanding between the two ministries speaking to the role of TBAs in childbirth registrations at the community level, which could perhaps facilitate their easy access to the Registrar General's services.

5.2.7 According to RhoNaFlo,

“The biggest support gap is the disconnect between the national policy which says that maternity care is free yet at the Council level in terms of their by-laws maybe, is still able to charge for these services, thus there is no uniformity.”

The organization is further concerned that while maternity care in Epworth council clinics costs about \$40, in other similar healthcare centres across the country, this same service costs about \$25, which points to policy discord. The organisation argues that there is need for;

“...national alignment of health policy on maternal health services because the misalignment of it unfortunately means that a lot of people, especially the most vulnerable, including young girls, are unable to enjoy access to health as a human right.’

5.2.8 Susceptibility to GBV

A number of survivors interviewed indicated that a common challenge that they faced during the subsistence of their ‘marriages,’ was various forms of GBV including physical abuse. This was also buttressed by TBAs such as Tapiwa who pointed out that girls in such unions experience so much GBV and have no avenues for redress, while at the same time, most of these cases go unreported. None of the survivors interviewed indicated having reported any instance of abuse to the police, which validates the TBAs conclusion that such girls end up ‘accepting’ being beaten up. Further to this, most survivors of child marriage end up with unplanned pregnancies and sexually transmitted infections because of the power imbalance in the relationship, caused by the young age of the survivors. Most survivors interviewed indicated that they were not aware that they can use the law to seek protection orders or child support where necessary.

5.2.9 Engagements with various study Respondents

Engagements with various study Respondents revealed that access to family planning by child mothers remains a challenge which oftentimes leads to unfortunate incidents where child mothers become pregnant again, at times before they reach 16 years, and are caught up again in the cycle of seeking maternal support services. According to RhoNaFlo, there is a reigning confusion amongst stakeholders on whether such child mothers should be offered long-term family planning methods which leaves the children susceptible to more unplanned pregnancies. Other than clarity on the legal and policy position amongst key stakeholders, there is need for empowerment on how such cases should be handled.

5.2.10 limited activities aimed at married girls

According to the Zimbabwe Gender Commission in its 2022 study, "there are limited activities aimed at married girls and for the most part these activities are directed at skills development towards economic empowerment of married girls^[98]." Beyond this, however, there was not much that the Commission could find, noting that, for example, programmes to address the sexual and reproductive health rights of married girls were hardly provided for and accessible to child marriage victims despite ample emphasis on their need in instruments such as the SADC Model Law. The Commission could not ascertain why such critical programmes were not visible, speculating that either such programmes did not exist or existed only on a very limited scale; or that there was lack of implementation and awareness regarding such programmes.

5.3 Institutional and implementation challenges

5.3.1 Inadequate resourcing of critical support institutions

Key stakeholders such as the Ministry of Women Affairs, ^[99] lament that presently, there is inadequate resourcing of critical support mechanisms such as health centres, particularly doctors, nurses and social workers, which is affecting the quality of GBV related health services provided to survivors in Epworth. By extension, this limitation is arguably also affecting health related support to child marriage victims and survivors. This is coupled with a continued lack of knowledge on the existence of GBV services by some survivors. The operation of the safe houses, for example, is being hamstrung by limited financial and human resources, with some of the safe houses facing lack of vehicles to transport survivors to and from court and are having to rely on expensive hired transport, while others face acute shortage of food, amongst other challenges. Plan International lamented the limited support to VFU for example, in conducting key support initiatives such as raising awareness in schools and communities.

5.4.2 Inadequate and ineffective accountability measures

Studies, as well as Respondents, on the issue of support and protection measures for child marriage victims and survivors reveal that while ample initiatives for law reform have been taken by Zimbabwe, there are insufficient and ineffective interventions to hold the state to account for its failure to act with due diligence to amongst other actions, "...prevent violence, protect girls, prosecute and punish perpetrators, and provide redress for victims of violence....[evidenced by] low conviction rates regarding violence and child marriages.^[100]"

5.4.3 Operational challenges of key support institutions

According to a Respondent from the Zimbabwe Gender Commission [ZGC], a critical mechanism in supporting and protecting child marriage victims and survivors in terms of its constitutional mandate,^[101] they have also faced a number of challenges in the quest to support children affected by child marriages. These include a lack of the following;

- Funding and adequate resources to effectively and timeously follow up on cases.
- A coordinated referral pathway to effectively deal with cases and avoid duplication of services among the stakeholders.
- Stakeholder participation and buy in on programmes to deal with issues of child marriages.
- Cooperation from the victims/survivors and their guardians/communities.
- Low rates of reporting cases of child marriages and reluctance to testify by parents, guardians and persons involved in the child marriage.

6. RECOMMENDATIONS

It is important that the much-needed focus on preventing and eradicating child marriage does not detract from addressing the needs of victims and survivors. ^[107] With this realisation, the below recommendations are aimed at promoting improved and effective support and protection of such children;

6.1 Recommendations for duty bearers.

According to child marriage survivors interviewed, there are a number of steps that can be taken to provide support to them as well as to limit factors that push children into child marriage and these include the following;

- Improved empowerment of communities to report cases of child marriage
- Improved enforcement of maintenance orders.
- Putting in place measures to monitor and penalise proprietors of areas such as bars and nightclubs for purposes of ensuring that no persons under the age of 18 get access to such areas.
- Further, a number of specific actions by duty bearers have to be prioritised, resourced, and the extent of implementation monitored in order to promote consistent and adequate support to child marriage victims and survivors, and these includes the below;

Duty Bearer	Role
Ministry of Health and Child Care	<ul style="list-style-type: none"> • Resource and support to community-based health personnel such as traditional birth attendants • In collaboration with the Ministry of Education, integration into the curriculum of sex education including family planning methods, HIV/AIDS and broader SRHR issues and how best child marriage victims can seek protection and how access required health-related support.
Ministry of Primary and Secondary education	<ul style="list-style-type: none"> • The Ministry should train teachers on how to better support victims and survivors of child marriage to be able to complete their education • Ministry should train its personnel on measures to prevent stigmatisation of young mothers within the education system. • Also, establish a kitty to support young mothers who have sat their exams to collect their certificates by clearing their balances. • Schools should provide regular guidance and counselling for students regarding child marriages. • Measures should be put in place to safeguard against children being forced to drop out of school because of school fees arrears in line with the Education Act

Duty Bear	Role
Child Care Workers/ Community Care Workers	Facilitate community engagements
Village Health Workers	<ul style="list-style-type: none"> • Maintain a register of children affected by child marriages • Facilitate counselling of affected children
Registrar General	<ul style="list-style-type: none"> • Relax requirements for birth registration to allow child mothers who desire • to obtain birth certificates for their children to do so even in exceptional instances where ordinary requirements may not be available due to various challenges. • Facilitate mobile registration by the communities for easier registration by all persons in need of the service
Policy makers	<ul style="list-style-type: none"> • Propose and support the passing of comprehensive laws against child marriage • Support the provision for a child maternal health grant to support clinics and midwives
Church leaders	<ul style="list-style-type: none"> • Teach about sexual and related abuse • Counsel young girls and boys
Councillors and Ward leaders through the local municipality	<ul style="list-style-type: none"> • Provide required support for girls and mothers in their constituencies^[108] • Strengthen community health service provision • Make ambulance services freely available for minors needing urgent medical attention
Ministry of Women's Affairs	<ul style="list-style-type: none"> • The Ministry should establish a fund and allocate resources to support business ideas of survivors and victims of child marriages as a way of facilitating and promoting their financial empowerment.
Civil Society	<ul style="list-style-type: none"> • Compliment government initiatives on TVET and related programs for victims/survivors

6.2 Legal/Policy recommendations

Further to the legal/policy recommendations detailed under specific laws/policies above, broadly, the study recommends the following;

Harmonization of laws- In light of the penalty discrepancy between the DVA and the Marriages Act with respect to offences related to facilitating a child-marriage,

Zimbabwe should introduce Sentencing Guidelines to promote uniformity in sentencing by the judiciary and to ensure that the discretion afforded to them under the law does not result in disproportionately light sentences. Such guidelines would also critically provide clarity that certain penalties are not appropriate for child marriage or GBV cases as they do not reflect the gravity of the offence and the lifelong impact on the survivors / victims). [i.e. in terms of section 3 of the Marriages Act, a child marriages-related offence attracts a fine of up to level 10 or for up to five (5) years imprisonment or to both the fine, whereas a domestic violence offence relating to child marriage, attracts up to a level 14 fine or imprisonment for up to 10 years or to both such fine and such imprisonment.]

Enactment of a dedicated child marriages law and focal point- this is critical in promoting full support to victims and survivors of child marriage. Lessons can be drawn from other jurisdictions such as India and the United States of America. The former, adopted the Prohibition of Child marriage Act in 2007,[109] which has been instrumental in helping the country to reduce incidences of child marriages which were rife in the country. Recently in 2024, the United States of America was debating the Child Marriage Prevention Bill of 2024, introduced to change federal laws around child marriage.

6.3 Structural/operational/institutional support recommendations

“A comprehensive, multi-sectoral, rights-based, gender-transformative approach – delivered through partnerships – are needed to ensure girls can decide for themselves when and with whom to have sex, marry and have children, to negotiate safe sexual practices, access appropriate and quality SRHR services, and enjoy better sexual and reproductive health.[111] In pursuit of this, a number of efforts should be prioritised which include the following;

Research- With so much focus given over the years to causes and measures to eliminate child marriage, there is a need for holistic and national focus on children victims or survivors of child marriage. This is emphasized by the ZGC, who argue that there is need for more in-depth research on “the needs of married girls beyond skills development; [and on] the availability and relevance of services for girls who leave early marriages and cannot return home^[112]”. Such research would provide a holistic picture of the current state, needs, challenges and scale of required measures to better protect and support children victims or survivors' child marriage.

Monitoring: - Monitoring data on child marriage to date has mainly been through special interest groups such as women and child rights organizations, development

partners as well ad-hoc through the media. For example, UNICEF Zimbabwe periodically publishes statistics on the scourge of child marriages and related policy recommendations. The government needs to develop a monitoring system, led by government departments, to develop and publish periodical monitoring reports on the prevalence of child marriage including a special focus on children already in marriage. This is critical in the formulation and provision of evidence-based interventions, improved support and protection measures for victims and survivors, amongst other benefits.

Review and strengthening of support mechanisms- In light of operational, financial, and coordination challenges being faced by support mechanisms such as the National GBV Coordination Forum, there is need for a review of the founding frameworks as well as informed policy, legislative as well as institutional/structural strengthening and adequate resourcing of such mechanisms to ensure that they are fit for purpose and facilitate required support to victims and survivors.

Holistic empowerment- Support measures for child marriage victims/survivors must be holistic and include empowerment of the girl child through livelihood projects and enabling access to education, amongst others.

Community support groups- As highlighted by child marriage survivors,^[113] support groups in communities and schools in every ward are critical in providing much needed support to child marriage victims and survivors. In particular, community centers can act as a safe place for girls to meet and share about SRHR, where to get services and how to get help with respect to child marriages. These can also act as critical platforms to share economic empowerment and business ideas, and for victims and survivors to get psychosocial support as needed. The parents of the affected girls also recommended support groups for girls and for their parents as well. This recommendation is in line with Clause 20 (5) of the SADC Model Law which recommends setting up self-support and community support groups for survivors of child marriage and gender-based violence as part of protection, prevention and intervention measures.^[114]

Mainstreaming of ECM (Ending Child Marriage) in CSOs programming'- order to facilitate continued and progressive interventions and support for child marriage victims and survivors, there is need for heightened effort to mainstream child marriage as a theme in key institutions such as Ministries and CSOs so that it becomes a central theme in programming that is given consistent attention (as opposed to reactionary and one-off support).

Improved access to information and awareness raising- While indications are that the Ministry of Women's Affairs has commendably been conducting awareness campaigns and dialogues with the Epworth community on how child marriage can be reduced and ultimately eliminated, more awareness and public discourse is required on aspects such as the age of consent to sex, applicable laws as well as related implications. This should in particular target families, schools and churches, which are key sources of influence as well as support. The Ministry of Health, on the other hand, needs to be capacitated to carry out awareness campaigns on the impact of child marriage on health. For Epworth, religious institutions including the white garment churches, should be some of the key targets of awareness and advocacy campaigns on what the law now says. In particular, the campaigns should target the leaders as the church leadership do not take kindly to efforts directly targeting the congregants without them being approached first on issues such as child marriage which they ordinarily practice in their churches. Further, efforts should be stepped up and sustained towards human rights awareness programs targeting communities outside of formal and at times restrictive settings such as the church

7. CONCLUDING OBSERVATIONS AND RECOMMENDATIONS

Zimbabwe has made significant strides in providing an enabling legal and policy framework aimed at preventing child marriage. This has been complemented by the manner in which the formal and informal justice systems are dealing with related cases. However, implementation of enabling laws, policies and other measures remains a challenge, and efforts must be expeditiously prioritised. Further, holistic monitoring and review of current laws and policies is another urgent priority to infuse much needed measures that are specifically aimed at addressing the impact of child marriages on already-married girls, from a victim and survivor perspective, beyond the numerous preventative measures. Further, Zimbabwe needs to be more deliberate in ensuring that critical policies and action plans are adopted in time once one lapses. The long delay that is seen before a lapsed policy is replaced by a current one is retrogressive to envisaged progress and milestones.

The country would also benefit from a dedicated law on child marriage, as well as deliberate mainstreaming of child marriage across all relevant policies and action plans, including economic and national development policies as a way of ensuring that it gets much needed attention including requisite financial and human resources support.

Relatedly, a holistic review and assessment of available support mechanisms is required to trace and arrest issues that are curtailing much needed coordination of protection and support measures to victims and survivors of child marriage.

END NOTES

- [1] Model law page 11
- [2] The Zimbabwe Gender Commission, 2023, National Inquiry on Child Marriages, Sexual Exploitation and Abuse of Girls in Zimbabwe
- [3] [Child-marriage-the-law-2020.pdf \(unicef.org\)](#)- page 1
- [4] Section 81 (Act no 20 of 2013)
- [5] Ibid, Section 78
- [6] Model law on eradicating child marriage and protecting children already in Marriage, child marriage - Page 29.
- [7] SADC Model Law on Child Marriage- page 33
- [8] UNICEF, "Levels and trends in child: Report 2015, estimates developed by the UN Inter-agency Group for Child Mortality Estimation,"(2022). http://www.childmortality.org/files_v20/download/IGME%20report%202015%20child%20mortality%20final.pdf; UNFPA, Girlhood, Not Motherhood: Preventing Adolescent Pregnancy, (New York: United Nations Population, 2022)
- [9] J. Haro, Being a humanitarian woman in a conflict zone, (New York: UNICEF, 2021)
- [10] The Role of the Zimbabwe Gender Commission in Ending Child Marriages- Accessed at [child marriage_layout NEW SIZE.cdr \(zgc.co.zw\)](#)- page 4
- [11] Note 9 at page 4
- [12] R.D Muchawaya et al-The Lived Experiences of Survivors of Child Marriage: The Case of Epworth, A Harare Municipality in Zimbabwe- E-Journal of Humanities, Arts and Social Sciences - Volume 4 Issue 8-August 2023 pp 992-1005 Available at: <https://noyam.org/journals/ehass/> <https://doi.org/10.38159/ehass.2023488>
- [13] A research study conducted by WLSA in October 2024
- [14] R.D Muchawaya et al-The Lived Experiences of Survivors of Child Marriage: The Case of Epworth, A Harare Municipality in Zimbabwe- E-Journal of Humanities, Arts and Social Sciences - Volume 4 Issue 8-August 2023 pp 992-1005 Available at: <https://noyam.org/journals/ehass/> <https://doi.org/10.38159/ehass.2023488>- page 996
- [15] Note 7 at page 6
- [16] ZDHS <https://dhsprogram.com/methodology/survey/survey-display-556.cfm> and Amnesty International Zimbabwe <https://www.amnesty.org/en/wp-content/uploads/2023/06/AFR4641122021ENGLISH.pdf>
- [17] SADC Model law page 11
- [18] Note 9 at page 21
- [19] Article 19 and 34
- [20] Plan International (2016), Indepth review of the legal and regulatory framework on child marriage in Zimbabwe, p.12 accessed at https://www.girlsnotbrides.org/documents/502/PLAN_18_country_report_zimbabwe_final.pdf
- [21] Note 9 above at page 21
- [22] Clause 37

[23] Clause 61

[24] Clauses 77 and 79

[25] Clause 9

[26] Clause 9(4)

[27] Clause 10

[28] Clause 6

[29] Clause 8

[30] Clause 11

[31] Clause 12(3)

[32] Clause 15

[33] Clause 19

[34] Clause 22

[35] See SADC model law page 14

[36] Clause 29

[37] Clause 30

[38] Clause 32

[39] Clause 33

[40] Section 19.

[41] Section 26

[42] Section 30

[43] Section 78

[44] Section 81

[45] Section 81(1) (c)

[46] Section 81 (1)(e) of the Constitution

[47] CCZ 12-15

[48] CCZ 3-22

[49] Section 22 of the repealed Act allowed girls to marry from 16 years while boys would only marry from 18 years.

[50] This repealed Act did not provide the minimum age at which children governed by customary law would marry. It was contributing to child marriages and difficulties in prosecution. See Maureen Sibanda Married Too Soon in Zimbabwe the Research and Advocacy Unit October 2011 p2

- [51] Section 47 the Marriages Act [Chapter 5:17]
- [52] Section 3(2) of the Marriage Act
- [53] Section 3(1) of the Marriages Act
- [54] Section 3(4) of the Marriage Act.
- [55] Criminal laws amendment (Protection of Children and Young Persons) No. 1 of 2024
- [56] see [PressReader.com - Digital Newspaper & Magazine Subscriptions](#) ; and [Community Service For Man \(21\) Who "Raped" 14-year-old Girl \(pindula.co.zw\)](#)
- [57] Section 165 (3) A
- [58] Section 2 of the Termination of Pregnancy Act [Chapter 15:10]
- [59] Women in Law in Southern Africa, Talent Forget v Minister of Health and Child Care and the Parliament of the Republic of Zimbabwe and the Attorney General of Zimbabwe- HC 7364/23- <https://www.jsc.org.zw/upload/Judgements/High%20Court/Harare/2024/HH%20552-24.pdf>
- [60] Such as those in sections 29 and 76 on the right to health care services, including reproduction health care services and section 81(1)(f) on the right of every child to health.
- [61] See page 26 of the judgement
- [62] Section 3 (1) (l) (iii-v)
- [63] Section 4 (1)
- [64] Section 15(e)
- [65] Section 2(a) (q and r) of the Children's Act as amended in 2023
- [66] Section 2 (i) of the Children's Act as amended in 2023
- [67] [Children's Act \(Chapter 5:06\) - law.co.zw](#)
- [68] Section 4 (2) (b)
- [69] Section 5
- [70] Section 25(c) and section 68C
- [71] Section 68C
- [72] [Microsoft Word - Zimbabwe_EFA_AMMENDED_2nd_DRAFT_2002v3.doc \(unesco.org\)](#)
- [73] [Government sets guidelines to support pregnant learners - HeraldOnline](#)
- [74] National Gender Policy of Zimbabwe – page iv
- [75] National Gender Policy of Zimbabwe at page 15
- [76] Clause 779 of the NDS-1 at page 197

- [77] Clause 793 of the NDS-1- page 200
- [78] Accessed at [\[PDF\] National Health Strategy For Zimbabwe \(2021 - 2025\) - Free Download - 5.2MB \(kupdf.net\)](#)- 28 October 2024
- [79] Note 56 at page 22
- Note 56 at page 50
- [81] See [zimbabwe_national_gbv_strategy_2023_to_2030.pdf \(unfpa.org\)](#) - page 24
- [82] <http://pages.au.int/cecm/documents/african-common-position-au-campaign-end-child-marriage-africa>
- [83] See section 4.2 below on the Malawi case study
- [84] [To End Child Marriage in Southern and Eastern Africa, Governments Need to Strengthen Laws and Implementation - Equality Now](#)
- [85] Note 65 above
- [86] Constitutional Petition No. 135 of 2021; judgment dated 20th February 2023. <https://ulii.org/akn/ug/judgment/ughccd/2022/1/eng@2022-01-10>
- [87] R Apolot et al 'Maternal Health Challenges experienced by adolescents; could community score cards address them? A case study of Kibuku District Uganda' (2020) International Journal for Equity in Health 19.
- [88] See [National Strategy to end Child marriage and Teenage Pregnancy 2022-2027.pdf \(unicef.org\)](#) at page 14
- [89] [Malawi Launches National Strategy to End Child Marriage - Girls Not Brides](#)
- [90] [EN-Child-Marriage-Policy-Briefs-3-05.pdf \(storage.googleapis.com\)](#)- page 7
- [91] Section 33 of the Marriage Act as amended
- [92] Real names have been changed to protect the identity of the minors
- [93] Tapiwa's case took place in Goromonzi District in 2004, but she is now a Traditional Birth Attendant in Epworth
- [94] [Traditional Birth Attendants and Policy Ambivalence in Zimbabwe \(wiley.com\)](#) at page 2
- [95] Note 70 above at page 1
- [96] [zimbabwe_national_gbv_strategy_2023_to_2030.pdf \(unfpa.org\)](#) - page 21
- [97] [zimbabwe_national_gbv_strategy_2023_to_2030.pdf \(unfpa.org\)](#) - page 22
- [98] Note 9 at page 32
- [99] [zimbabwe_national_gbv_strategy_2023_to_2030.pdf \(unfpa.org\)](#) - page 21-22
- [100] Note 9 at page 32
- [101] As outlined in as envisaged in s246 of the Constitution and in the Zimbabwe Gender Commission Act [10:31

[102] [Shanduko Yeupenyu Child Care \(shandukochildcare.org.zw\)](http://shandukochildcare.org.zw)

[103] Testimony of Ministry of Women's Affairs Epworth focal person

[104] Testimony of Ministry of Women's Affairs Epworth focal person

[105] [Government's Cash for Cereal Programme brings relief to urbanites - ZBC NEWS](#)

[106] Testimony of Ministry of Women's Affairs Epworth focal person

[107] [child_marriage_report.pdf \(up.ac.za\)](#)- page 79

[108] Respondents gave as an example, the case of a 17-year-old who gave birth in 2024 whose baby died. Local government gave a grave and car to bury the child. The 17-year-old had no relatives who came to see her.

[109] [A2007-06.pdf \(indiacode.nic.in\)](#)

[110] [New federal law aims to accelerate action to end child marriage in the U.S. - Girls Not Brides](#)

[111] [Child_marriage_and_SRHR.pdf \(girlsnotbrides.org\)](#)- page 1

[112] Note 9- at page 32

[113] Ruvimbo Topodzi, a child marriage survivor, is one of the two people who were instrumental in challenging the constitutionality of the countries' marriage laws in a case whose outcome abolished child marriages in the country- .see the case of *Mudzuru & Anor v Ministry of Justice, Legal & Parliamentary Affairs N.O. & Ors* (CC 12 of 2015; Constitutional Application 79 of 2014) [2016] ZWCC 12 (20 January 2016)

[114] Page 29 of the SADC Model Law

[115] Recommendation by child marriage survivor Ruvimbo Topodzi

ABOUT WOMEN AND LAW IN SOUTHERN AFRICA (WLSA)

WLSA work incorporate into research by questioning and challenging the law, instigating campaigns for changes in laws, policies and plans of action, educating women and girls about their rights, providing legal advice and gender sensitizing communities and leadership.



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